

<b>Department of Social Services</b> <b>Division of Licensing Programs</b>  <b>STANDARD</b> <b>OPERATING</b> <b>PROCEDURE</b>	<b>TITLE:</b>  <b>PROVIDER MEETINGS</b>	<b>PROCEDURE NUMBER SOP-801</b>
		<b>EFFECTIVE DATE: May 20, 2005</b>
		<b>PAGE 1 OF 6</b>

#### **801-1.0 PURPOSE**

To establish a regular forum for information sharing and dialogue with providers in each region of the state *and* specific procedures for the central office to assist licensing offices with organizing these provider meetings.

#### **801-2.0 SCOPE**

This standard operating procedure applies to licensing administrators and central office staff as they make preparations for and conduct provider meetings.

#### **801-3.0 DEFINITIONS**

Provider Meeting: A meeting held semi-annually by each licensing office to assist adult and child care providers in clarifying statutes and licensing processes, problem-solving and communication of related issues. Training may be a component of the provider meetings as determined by the licensing office administrator. Those providers completing training shall be conferred certificates such that the training session(s) can be utilized in meeting annual provider training requirements.

#### **801-4.0 PROCEDURES**

Licensing offices will routinely conduct provider meetings to assist with standards clarification, problem-solving and communication. If requested by a licensing administrator, the operations unit ("*the unit*") will provide specific assistance with preparations for provider meetings to the degree that staff is available.

TITLE	NUMBER	PAGE 2 OF 6
PROVIDER MEETINGS	SOP-801	

801-4.1 Requirements:

801-4.1.1 Brochure Approval (required for all Provider Meetings)

1. The licensing office shall send a complete and grammatically correct electronic copy of the provider meeting brochure to the unit 8 weeks prior to the meeting.
2. The brochure will follow standard format for provider meeting brochures (see Attachment A).
3. The assistant division director shall approve/disapprove the brochure and notify the licensing office within 10 working days of the unit's receipt of the brochure.

801-4.1.2 Curriculum Approval

1. If training is offered on licensing standards or general procedures, approval of the curriculum is not required.
2. The assistant director for the Division must approve all other curriculum, whether developed within the division or by a contract trainer.
  - a. The licensing office must verify that the training has been approved prior to requesting assistance from the unit for the provider meeting.
  - b. The licensing office shall send the curriculum or curriculum outline to the unit at least 12 weeks prior to the meeting date for review and approval by the assistant division director.
  - c. The assistant division director shall approve/disapprove the curriculum or outline and notify the licensing office within 10 working days of the unit's receipt of these materials.

801-4.1.3 Request Form

The licensing office shall request brochure approval and assistance from the unit (see 801-4.2 below) through the Provider Meeting Request for Assistance form. (Attachment B)

TITLE	NUMBER	PAGE 3 OF 6
PROVIDER MEETINGS	SOP-801	

#### 801-4.1.4 Reporting

The number of participants who actually attended the training shall be reported on the Administrator's Report submitted the month following the training.

#### 801-4.2 Procedures for Obtaining Assistance:

##### 801-4.2.1 Facility Arrangements

1. The licensing office shall locate a meeting site.
2. The unit can pay for the expense of the meeting site if payment is required and if approval is secured as provided below.
  - a. The licensing office shall submit completed W-9 (Attachment C or link: <http://www.localagency.dss.state.va.us/divisions/dgs/files/procurement/rfa/rfa/forms/W-9.pdf>) and purchase order request (Attachment D) forms to the unit at least 12 weeks prior to the meeting.
  - b. The unit shall submit the completed W-9 and purchase order request to the division's management support unit within 5 working days of the receipt of the forms from the licensing office.
  - c. The unit shall notify the licensing office immediately upon the receipt of the purchase order from the management support unit.
  - d. The licensing office shall ensure that the facility submits an invoice for payment to the unit.
  - e. The unit shall submit the invoice immediately to the division's management support unit for payment.

##### 801-4.2.2 Brochure Printing and Mailing

1. The licensing office shall ensure that potential participants receive approved brochures 3-4 weeks prior to the provider meeting.

TITLE	NUMBER	PAGE 4 OF 6
PROVIDER MEETINGS	SOP-801	

2. The unit can print the brochure and pay printing and mailing costs for the provider meeting.
  - a. The licensing office shall specify, when submitting the brochure for approval by the assistant division director 8 weeks prior to the meeting, the total number of brochures needed and the paper color desired.
  - b. Central office staff shall print and mail the brochures at least 4 weeks before the date of the provider meeting.

#### 801-4.2.3 Certificate Development

1. The licensing office shall provide certificates verifying participants' attendance at the provider meeting.
2. The unit can develop and print certificates for training offered at a provider meeting.
  - a. The licensing office shall request assistance in developing certificates 4 weeks prior to the meeting date and shall inform the unit of the number of certificates needed no later than 5 working days before the provider meeting.
  - b. The unit shall send the certificates via courier to the licensing office no later than 3 working days prior to the meeting.
  - c. The licensing office shall either write or type the names of the participants on the certificates.
3. The licensing office shall either provide certificates to only those providers who complete the full training or mark reduced training hours on the certificates for providers who arrive late or leave early.

#### 801-4.2.4 Trainer Arrangements

1. The unit can assist licensing offices with trainer recommendations to develop and deliver the training.

TITLE	NUMBER	PAGE 5 OF 6
PROVIDER MEETINGS	SOP-801	

2. The unit can pay a trainer, at a maximum amount of \$100 per training hour, if the individual is both approved by the assistant division director and listed as an eVA provider (exceptions will be made on a case-by-case basis).
  - a. The licensing office shall submit completed W-9 (Attachment C or link: <http://www.localagency.dss.state.va.us/divisions/dgs/files/procurement/rfa/rfa/forms/W-9.pdf>) and purchase order request (Attachment D) forms to the unit at least 12 weeks prior to the meeting.
  - b. The unit shall submit the completed W-9 and purchase order request to the division's management support unit within 5 working days of the receipt of the forms from the licensing office.
  - c. The unit shall notify the licensing office immediately upon the receipt of the purchase order from the management support unit.
  - d. The licensing office shall ensure that the trainer submits an invoice for payment to the unit.
  - e. The unit shall submit the invoice immediately to the management support unit for payment.

#### **801-5.0 AUTHORITY**

*Code of Virginia, § 63.2-1700*

#### **801-6.0 RESPONSIBILITY**

The assistant director, unit managers, licensing administrators, and central office staff assigned to work with provider meetings shall ensure compliance with this standard operating procedure.

#### **801-7.0 INTERPRETATION**

The director of the Division of Licensing Programs shall be responsible for interpreting or granting any exceptions to this standard operating procedure.

TITLE	NUMBER	PAGE 6 OF 6
PROVIDER MEETINGS	SOP-801	

**801-8.0**      **SUPERSEDES:** First Issue

**801-9.0**      **EFFECTIVE DATE:** May 20, 2005

**801-10.0**      **REVIEW DATE:** Two years from the effective date.

Reviewed and Approved by:

Carolynne H. Stevens, Director  
Division of Licensing Programs

Date: May 12, 2005

## **Attachment A**

### **Information Required on Provider Meeting Brochures**

- Title and brief description of meeting
- Name and credentials of trainer(s), if applicable
- Intended audience (e.g. ALF, CDC)
- Date, time, and duration of meeting
- Location of meeting
- Registration deadline (if applicable)
- Limit on registration per facility (if applicable)
- Method of registration (e.g. telephone, fax, mail or e-mail)
  - ◆ For mail and fax registration, a tear-off slip with spaces for
    1. facility name,
    2. staff name,
    3. facility mailing address, facility telephone number, and
    4. address or fax number to which the registration slip must be returned.
  - ◆ For telephone registration, the name and telephone number of the person accepting registration calls.
  - ◆ For e-mail registration, the e-mail address of the person accepting registrations.
- Number of training hours participant will receive
- A statement of how late arrivals and early departures must be handled (acceptable methods include either not awarding the certificate at all or reducing training hours on the certificate).
- Contact for questions, assistance, directions to meeting locations, etc.

## Attachment B

### PROVIDER MEETING REQUEST FOR ASSISTANCE

Licensing Office:

---

Requestor:

---

Name of Training/Title for Meeting:

---

Date of Meeting/Training:

---

Type of Assistance Requested:

☐ Brochure Approval (Brochure to be E-mailed *at least 8 weeks prior to meeting date*)

☐ Curriculum Approval (Curriculum or Outline Attached)

☐ Brochure Printing: \_\_\_\_\_ # of Copies \_\_\_\_\_ Paper Color

☐ Brochure Mailing \_\_\_\_\_ Types of Providers (ALFs,  
FDH, etc.)

☐ Payment for Facility (Contact Information and W-9 Required)

☐ Certificate Development



## Attachment C

### W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATE

Each person or organization doing business with the Commonwealth of Virginia must provide the follow information. Please return this form in the enclosed envelope.

#### ORGANIZATION ENTITY:

Please provide reportable name where applicable.

- ☐ Original Submission  
☐ Additional Addresses (See Back of Form)  
☐ Address correction

#### Check Only One:

☐ Individual ☐ Sole Proprietor ☐ Corporation  
☐ Partnership ☐ Government ☐ Trust  
☐ Estate ☐ Other (Please Describe) \_\_\_\_\_

\_\_\_\_\_ Social Security Number and/or \_\_\_\_\_ Employer Identification Number

#### ENTER THE FOLLOWING:

Legal Name \_\_\_\_\_  
(Must match the Social Security Number, if applicable)

Trade Name \_\_\_\_\_  
(Must match the Employer Identification Number, if applicable)

Payment Address \_\_\_\_\_ IRS 1099 Form \_\_\_\_\_  
\_\_\_\_\_ Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Dun's # \_\_\_\_\_ Dun's # \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Please respond to the following: (See back of form for definitions.)

Are you a United States Citizen?	Yes _____	No _____
Is your organization tax exempt?	Yes _____	No _____
Are you a Real Estate Agent?	Yes _____	No _____
Are you a Minority owned business?	Yes _____	No _____
Are you a Woman owned business?	Yes _____	No _____
Are you a Small business?	Yes _____	No _____
Are you a Faith Based Organization?	Yes _____	No _____ (See Back)

If you are a Minority owned business, please indicate the type of Minority.

\_\_\_\_\_ African American \_\_\_\_\_ Hispanic American \_\_\_\_\_ Native American  
\_\_\_\_\_ Asian-Pacific American \_\_\_\_\_ Subcontinent-Asian American \_\_\_\_\_ Other Minority

Are you registered with the Dept. of Minority Business Enterprise? If yes, enter your certificate No. \_\_\_\_\_.

Government Agencies, please respond to the following:

Are you Federal \_\_\_\_\_, State \_\_\_\_\_ or Local \_\_\_\_\_? (Please check one.)

If you are considered Local, what is your FIPS code? \_\_\_\_\_

Certification: Under penalties of perjury, I certify that:

- (1) The number (s) shown on this form is my correct taxpayer identification number (s) (or I am waiting for a number to be issued to me).
- (2) The organization entity and all other information provided is accurate.
- (3) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding because of a failure to report all interest or dividends or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- (4) I am a U.S. person (including a U.S. resident alien).

(You must cross out item (3) above if you been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Additional Address

If you have more than one shipping address and/or Purchase Order Address please list these addresses on a separate sheet of paper and attach it to your W-9 form. Identify each type of address as shipping or Purchase Order address. Please include your Dun's number for each site. If you don't have a Duns number you may obtain one by calling 1-888-814-1435

#### Definitions:

- **Small Business** means a corporation, partnership, sole proprietorship or other legal entity formed for the purpose of making a profit, which is independently owned and operated, and has fewer than 100 employees or less than \$1,000,000 in annual gross receipts.
- **Women-owned business** means a business concern that is at least 51 percent owned by a non-ethnic woman or women (a minority woman is considered as a minority) who are U.S. citizens and who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management of the business. "Ownership" in this context includes stock ownership. **(Please note that when reporting results, a business that is owned and operated by a minority woman will be reported as a minority-owned business and a business that is owned and operated by a non-minority woman will be reported as a woman-owned business.)**
- **Minority-owned business** means any business concern that is at least 51 percent owned by a minority individual or individuals (who are U.S. citizens) who also control and operate it. "Control," "Operate," and "Ownership" have the same meanings mentioned above. "Minority" includes African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent-Asian Americans, and other minorities. "Native Americans" include American Indians, Eskimos, Aleuts and Native Hawaiians. "Asian-Pacific Americans" include U.S. citizens whose origins are in Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Northern Mariana Islands, Laos, Kampuchea (Cambodia), Taiwan, Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Republic of the Marshall Islands, or the Federated States of Micronesia. "Subcontinent-Asian Americans" include U.S. Citizens whose origins are in India, Pakistan, Bangladesh, Sri Lanka, Bhutan, or Nepal.
- **Faith Based Organizations:** If you consider yourself a Faith Based Organization, please indicate on the front of the form in response to the question "Are you a Faith Based Organization".
- **Department of Minority Business Enterprise:** If you have not registered with the Virginia Department of Business Enterprise, please do so at your earliest convenience. Additional information may be obtained at their web site, [dbme.state.va.us](http://dbme.state.va.us).

**Attachment D**

**PURCHASE OF SERVICES REQUEST**

DATE:

COST CODE:

VENDOR:

ADDRESS:

CONTACT:

EMAIL:

PHONE:

FAX

SSI/FIN NUMBER:

SCOPE OF SERVICES:      Facilitation of the following provider training sessions:

Training Site:

Name of Training Program:

Number of Participants Expected:

Date:

Number and length of training sessions:

AMOUNT:    \$                    to cover preparation for, delivery of, and expenses related to the facilitation of the above training sessions.

ORIGINATED BY: